

EXHIBIT “N”



OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK



REPORT OF AUTOPSY

Name of Decedent: Mario Ocasio

M.E. #:M15-003458

Autopsy Performed by: Dr. John A. Hayes

Date of Autopsy: June 9, 2015

FINAL DIAGNOSES

- I. SUDDEN DEATH DURING AGITATED DELIRIUM:
 - A. HISTORY OF SUDDEN CARDIORESPIRATORY ARREST DURING EXCITED DELIRIUM
 - B. HISTORY OF PHYSICAL CONFRONTATION WITH POLICE
 - C. STATUS POST TASERING:
 1. TWO TASER BARBS RECOVERED FROM MID BACK
 - D. STATUS POST SEDATION WITH MIDAZOLAM AND NARCAN TREATMENT (ANAMNESTIC)
 - E. MULTIPLE CUTANEOUS ABRASIONS AND CONTUSIONS, SUPERFICIAL:
 1. PATTERNED INJURIES OF WRISTS CONSISTENT WITH HANDCUFF APPLICATION
 - F. NO VISCERAL INJURIES OR FRACTURES
 - G. NO EVIDENCE OF NECK OR CHEST COMPRESSION
 - H. POST-MORTEM TOXICOLOGY POSITIVE FOR SYNTHETIC CANNABINOID (AB-CHMINACA; SEE TOXICOLOGY REPORT)
- II. HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE:
 - A. CARDIOMEGLY WITH SLIGHT DILATION
 - B. CORONARY ATHEROSCLEROSIS, MODERATE
 - C. ARTERIOLONEPHROSCLEROSIS
- III. HISTORY OF SUBSTANCE ABUSE.
- IV. CHRONIC ACTIVE HEPATITIS
- V. PULMONARY EMPHYSEMA, SLIGHT-TO-MODERATE

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Office of Chief Medical Examiner
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prior consent from the Office of Chief
Medical Examiner, New York City, N.Y.

CAUSE OF DEATH:

**CARDIAC ARRHYTHMIA DURING EXCITED
DELIRIUM DUE TO ACUTE INTOXICATION BY
SYNTHETIC CANNABINOID (AB-CHMINACA)**

CONTRIBUTORY:

**HYPERTENSIVE CARDIOVASCULAR DISEASE;
CHRONIC SUBSTANCE ABUSE**

MANNER OF DEATH:

ACCIDENT

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MARIO OCASIO

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**OFFICE OF CHIEF MEDICAL EXAMINER
CITY OF NEW YORK**

REPORT OF AUTOPSY

CASE NO. M15-003458

*I hereby certify that I, John A. Hayes, M.D., City Medical Examiner-II, have performed an autopsy on the body of **Mario Ocasio**, on June 9th, 2015, at 9:15 AM in the Manhattan Mortuary of the Office of Chief Medical Examiner of the City of New York. This autopsy was performed in the presence of Drs. Slone, Georgievskaya, and Ely.*

EXTERNAL EXAMINATION:

The body is received supine in a sealed white body bag. The bag is sealed with seal number ending "53924."

The body is that of a well-developed, wiry, muscular 5'9", 170 lb light-completed Hispanic man whose appearance is consistent with the reported age of 51. Muscular rigidity is symmetric and slight. Lividity is posterior and fixed. The body is cool with slight core warmth.

The scalp is covered by cropped black-gray hair with facial hair consisting of stubble in the mustache and beard area consisting of a mustache with stylized goatee-type beard with a tuft of hair in the middle of the lower lip in the midline, and a line of hair extending from the mustache vertically, curving around the chin, and returning to the mustache on the other side. The brown irides have clear corneas. The bulbar and palpebral conjunctivae are free of petechiae. The sclerae are anicteric and free of hemorrhage. The nose is atraumatic. The oral cavity is edentulous; there is slight bloody fluid in the oral cavity. The neck is straight.

The chest is symmetric. The abdomen is free of penetrating trauma. The external genitalia are those of an adult uncircumcised man with bilaterally descended testes.

TATTOOS:

The decedent has numerous tattoos, some of which appear amateur, others professional. In the right deltoid region there is a tattoo of a kneeling man pressing his face into a woman's buttocks; in the left deltoid region there are praying hands with

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stigmata (monochromatic, professional quality). In the left dorsal forearm, overlapping words "LOVE" and separately "MOM", laid-out in a cross joined at the letter "O". Across the chest is a fair quality tattoo of a scroll with the words "PERDON MADRE". In the left dorsal radial aspect of the base of the thumb is a monochromatic tattoo of the letters "M" and "R".

EVIDENCE OF MEDICAL INTERVENTION:

In the left wrist is a hospital ID giving the decedent's name as "Ocasio, Mario", Date of Birth 12/2/63, Medical Record #7207057. An oral and endotracheal tube is in place. There is an intraosseous catheter in place in the right side of the neck, and in the right antecubital fossa. There is a left inguinal multi-lumen intravascular catheter.

EVIDENCE OF INJURY: SUPERFICIAL BLUNT TRAUMA:

The decedent has superficial contusions and abrasions primarily involving the lower extremities. There are scattered abrasions on the upper extremities (comment: consistent with handcuff injuries on wrists) and focally on the trunk. None of these injuries are associated with significant internal injury.

BLUNT IMPACT TRAUMA OF HEAD AND NECK: In the left lower lip is a group of 3 superficial approximate 1/8" areas of mucosal laceration with faint contusion (comment: status post oral intubation). There is no injury of the subjacent gum or significant contusion of the lip; the injuries appear perimortem. There is an oblique 1-3/8" red abrasion on the anterolateral aspect of the left neck.

BLUNT IMPACT TRAUMA OF TORSO: An oblique 3-3/8" contusion is noted on the left parasternal chest. Over the posterior shoulder on the left side is a 3" x 1-1/2" area of faint contusion and abrasion. In the right superior buttock is a vertically oriented 1-3/4" linear contusion.

BLUNT IMPACT TRAUMA OF UPPER EXTREMITIES: In the anteromedial aspect of the right upper arm is a 1/2" oblique very fine, faint linear abrasion. On the radial aspect of the right wrist is a patterned injury involving parallel linear red abrasions 4-1/2" in length with a separation of 1/4" in length. On the ulnar aspect, coextensive with this injury is a separate 5/8" x 3/8" more irregular rectangular area of darkened abrasion. On the left wrist, on the radial aspect is a 3/8" area of abrasion ventrally and on the dorsal aspect is a 3/4" area of abrasion. (Comment: consistent with bilateral application of handcuffs). On the dorsal ulnar forearm are two 1/2" oblique transverse abrasions, and a separate 3/8" abrasion. Examination of the knuckles reveals a 1/4" area of abrasion over the metacarpal phalangeal joints of the index and middle fingers. The fingernails

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themselves are intact, fairly short, grimy, free of adherent fibers, fractures or hairs; they are clipped and the clipping submitted to Evidence in the customary manner.

BLUNT IMPACT TRAUMA OF LOWER EXTREMITIES: There are multiple abrasions and contusions scattered predominantly over the anterior aspects of both legs, ranging in size from 1/4" up to 1-1/2". There is no subjacent fracture of the underlying bony structures. In the anterolateral left side thigh is a 1-1/2" cutaneous contusion with an approximately 3" area of subcutaneous contusion. On the dorsal aspect of the left thigh is a broad area of patchy subcutaneous contusion up to approximately 5" in greatest dimension.

NOTE:

Full subcutaneous evaluation of the extremities, with four-quadrant subcutaneous examination of both the anterior and posterior trunk, and anterior and posterior neck dissection reveal no notable injury.

TASER INJURY:

The decedent is received with 2 taser barbs penetrating the skin of the low scapular back near the midline. Both of the barbs are trailing fine copper-colored wire, and the superior barb has an approximately 1-1/2" piece of orange and white fabric attached to it. The barbs are separated by a vertical distance of 2-1/2". The barbs themselves have a hook tip and are approximately 5/8" in length. The barbs are removed and submitted to Evidence in the customary manner. Inspection of the barb injuries reveals the superior barb tip created a 3/16" circular abrasion/electrical burn site with an adjacent punctum at approximately the 8 o'clock position. On the right lateral aspect of the wound is a 3/8" transversely oriented intradermal contusion. The lower barb is associated with a 1/4" abraded/electrically burned cutaneous mark with a punctum located on the border of the mark at approximately the 8 o'clock position. Just to the right lateral aspect of this wound is a separate 1/8" oval contusion.

INTERNAL EXAMINATION:

GENERAL: The subcutaneous tissues are well hydrated. The skeletal muscles are red-brown and unremarkable. The blood is fluid. The organs are in their normal anatomic situs. The body cavities are free of adhesions. The pleural and pericardial surfaces are free of petechiae. There are no collections of blood or pus in the body cavities.

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HEAD: The scalp and galea are atraumatic. The calvarium is of normal thickness and free of fractures. No epidural, subdural or subarachnoid collections of blood or pus are seen in association with the unremarkable meninges. The 1410 gm brain has symmetric, free of focal lesions in the cerebral hemispheres, cerebellum, pons or medulla oblongata. The blood vessels at the base of the brain have moderate atherosclerosis. The base of the skull is free of fractures.

NECK: Anterior neck dissection reveals no strap muscle hemorrhage or trauma of the ossified hyoid bone and thyroid cartilage; there is extravasation of blood in the right side of the neck in the fascial planes in association with the right-sided neck line but there is no injury of the subjacent muscle. The posterior oropharynx is free of foreign bodies. The larynx is unremarkable. The cervical spine is atraumatic. Posterior neck dissection reveals no superficial or deep hemorrhage of the paraspinal muscles.

CARDIOVASCULAR SYSTEM: The 490 gm heart has a smooth and glistening epicardial surface and appears normally filled. The right dominant coronary arterial system is remarkable for focal atherosclerosis up to approximately 50% in both the proximal right coronary artery and the proximal left anterior descending vessel. On cross section, the heart is slightly dilated with a left ventricular mural thickness of 1.2 cm, intraventricular septum thickness of 1.1 cm, and a right ventricular thickness of 0.5 cm. The myocardium is brown and homogenous. The endocardial surfaces and valves are unremarkable. The aorta has slight atherosclerosis.

RESPIRATORY SYSTEM: The 730 gm right lung and 640 gm left lung have smooth pleural surfaces with normal lobation. The bilateral apical bullae and the parenchyma is moderately anthracotic and slightly emphysematous. There is no consolidation or mass. The vasculature is free of thromboembolus. The airways are unremarkable.

DIGESTIVE SYSTEM: The esophagus and stomach are unremarkable. The gastric mucosa is congested but free of ulceration or mass. Gastric contents consist of approximately 10 mL of bloody fluid. The small and large bowel and vermiform appendix are unremarkable, with soft green stool throughout the intestinal tract.

HEPATOBILIARY SYSTEM: The 2450 gm liver has a smooth atraumatic capsule and has firm congested parenchyma that is free of focal lesion; there is no frank cirrhosis. The unremarkable gallbladder contains approximately 10 mL of bile. The pancreas is free of hemorrhage or mass and is not grossly fibrotic.

HEMIC AND LYMPHATIC SYSTEMS: The approximately 210 gm spleen has an atraumatic capsule and congested parenchyma that is free of focal lesion. There is no regional lymphadenopathy or identifiable thymic remnant.

GENITOURINARY SYSTEM: The kidneys have a combined weight of 350 gm and

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granular subcapsular surfaces with focal cortical cysts. Otherwise they are free of lesions of the cortex, medulla or pelvicalyceal systems. The ureters are of normal caliber. The urinary bladder contains roughly 10 mL of urine which is slightly contaminated with blood during retrieval. The prostate gland and scrotal testes are unremarkable; there is no testicular trauma.

ENDOCRINE SYSTEM: No lesions are in the pituitary, thyroid or adrenal glands other than putrefaction.

MUSCULOSKELETAL SYSTEM: No abnormalities are seen in the skeletal muscle or postcranial skeleton.



John A. Hayes, M.D.
City Medical Examiner-II

JH:wwd
06/10/15;dgs
11/19/15:jah/final
J# 002-04-017628
R# 002-03-075275



The City of New York
Office of Chief Medical Examiner
New York, N.Y. 10016



MICROSCOPIC EXAMINATION:

Name : OCASIO, Mario

M.E. Case #: M15-3458

Date of Report: 9/5/15

HEART: Myocyte hypertrophy. Thickening of intramural small arteries, slight. No necrosis or inflammation.

LUNG: Parenchymal rarefaction, slight, with abundant intraalveolar pigmented macrophages. Increased mucus glands, slight thickening of basement membrane; no eosinophil infiltration.

LIVER: Periportal and focal intraparenchymal chronic infiltrates with focal cell necrosis. Impression: chronic active hepatitis.

KIDNEY: Arteriolar mural thickening. Focal sclerosis of glomeruli. Impression: hypertensive changes.

TASER SITE: Unremarkable skin with focal epidermal loss and slight nuclear streaming, consistent with electrical injury.

A handwritten signature in black ink, appearing to read "JOHN A. HAYES JR." followed by "MD".

JOHN A. HAYES JR. MD

The City of New York
Office of Chief Medical Examiner
520 First Avenue
New York, NY 10016

Forensic Toxicology Laboratory

Deceased: Unknown Unknown

M.E. Case No.: BX1502420

Lab. No.: 1908/15

Autopsy By: Dr. Prial

Autopsy Date: 05/20/15

Specimens Received:

Bile, Blood (Heart), Brain, Gastric Content, Liver, Urine, Vitreous Humour

Specimens Received in Laboratory By: Doniche Derrick

Date Received: 05/21/15

Equivalents: 1.0 mcg/mL = 1.0 mg/L = 0.1 mg/dL = 1000 ng/mL

1.0 mcg/g = 1.0 mg/kg = 0.1 mg/100g = 1000 ng/g

Results

Blood (Heart)

Ethanol	Not detected	HSGC
Methadone	Not detected	GC/MS
Methadone metabolite	Not detected	GC/MS
Benzoylecgonine	Not detected	IA
Barbiturates	Not detected	IA
Oxycodone	Not detected	IA
Opiates	Not detected	IA
Amphetamines	Not detected	IA
Benzodiazepines	Not detected	IA

Urine

Methadone	Not detected	GC/MS
Methadone metabolite	Not detected	GC/MS

Vitreous Humour

Ethanol	Not detected	HSGC
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This report has an associated Forensic Toxicology case file.

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Definitions of terms used in this report can be located at <http://www.nyc.gov/ocme>

IA - Immunoassay

CT - Color Test

GC - Gas Chromatography

TLC - Thin Layer Chromatography

GC/MS - GC/Mass Spectrometry

HS - Head Space

LC - Liquid Chromatography

UV/VIS - Ultraviolet/Visual Spectrophotometry

LC/MS - LC/Mass Spectrometry

< - Less than

CA - Chemistry Analyzer

Signed:


William A. Dunn

Date: 06/25/15

EC

The City of New York
Office of Chief Medical Examiner
520 First Avenue
New York, NY 10016

Forensic Toxicology Laboratory

Deceased: Mario Ocasio

M.E. Case No.: M1503458

Lab. No.: 2180/15

Autopsy By: Dr. Hayes

Autopsy Date: 06/09/15

Specimens Received:

Bile, Blood (Heart), Brain, Gastric Content, Liver, Urine, Vitreous Humour

Specimens Received in Laboratory By: Doniche Derrick

Date Received: 06/10/15

Equivalents: 1.0 mcg/mL = 1.0 mg/L = 0.1 mg/dL = 1000 ng/mL

1.0 mcg/g = 1.0 mg/kg = 0.1 mg/100g = 1000 ng/g

Results

Blood (Heart)

Cotinine	Detected	GC/MS
Ethanol	Not detected	HSGC
Benzodiazepines	Not detected	GC/MS
Sympathomimetic amines	Not detected	GC/MS
Oxycodone	Not detected	IA
Opiates	Not detected	IA
Methadone	Not detected	IA
Benzoyllecgonine	Not detected	IA
Barbiturates	Not detected	IA
Salicylate	Not detected	IA
Acetaminophen	Not detected	LC
Theophylline	Not detected	LC
Caffeine	Not detected	LC

Urine

Nicotine	Detected	GC/MS
Cotinine	Detected	GC/MS
Benzodiazepines	Not detected	GC/MS
Sympathomimetic amines	Not detected	GC/MS

This report has an associated Forensic Toxicology case file.

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IA = Immunoassay

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GC/MS = GC/Mass Spectrometry

HS = Head Space

LC = Liquid Chromatography

UV/VIS = Ultraviolet/Visual Spectrophotometry

LC/MS = LC/Mass Spectrometry

< = Less than

CA = Chemistry Analyzer

Signed:

William A. Dunn

Date: 08/14/15 EC



NMS Labs

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3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437

Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report

Report Issued 08/31/2015 13:01

To: 10074
New York Office of Chief Medical Examiner
Attn: Department of Toxicology
520 First Avenue
New York, NY 10016

Patient Name M-15-003458
Patient ID 15-2180
Chain 15248484
Age Not Given DOB Not Given
Gender Not Given
Workorder 15248484

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Positive Findings:

Compound	Result	Units	Matrix Source
AB-CHMINACA	Positive	ng/mL	001 - Heart Blood

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
9560B	Synthetic Cannabinoids Screen, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Miscellaneous Information
001	Gray Top Tube	7 mL	Not Given	Heart Blood	
002	Gray Top Tube	7 mL	Not Given	Heart Blood	

All sample volumes/weights are approximations.

Specimens received on 08/21/2015.



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Workorder 15248484
Chain 15248484
Patient ID 15-2180

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Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
AB-CHMINACA	Positive	ng/mL	1.0	001 - Heart Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. AB-CHMINACA (N-[(1S)-1-(Aminocarbonyl)-2-methylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide)

- Heart Blood:

AB-CHMINACA is one of many synthetic cannabinoid drugs. The drug is typically sprayed on botanical material and smoked, although it can be ingested in liquid or powder form. No studies have been performed to evaluate the pharmacological effects of this compound.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 15248484 was electronically signed on 08/31/2015 12:01 by:

Laura M. Labay, Ph.D., F-ABFT, DABCC-TC
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 5971B - Synthetic Cannabinoids Confirmation Panel 1 (Qualitative), Blood - Heart Blood

-Analysis by High Performance Liquid Chromatography/
TandemMass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
5F-ADB-PINACA	1.0 ng/mL	ADB-CHMINACA	0.10 ng/mL
5F-ADBICA	1.0 ng/mL	ADB-FUBINACA	1.0 ng/mL
AB-CHMINACA	1.0 ng/mL	ADB-PINACA	0.20 ng/mL
AB-FUBINACA	1.0 ng/mL	ADBICA	1.0 ng/mL
AB-PINACA	0.20 ng/mL		

Acode 9580B - Synthetic Cannabinoids Screen, Blood (Forensic) - Heart Blood

-Analysis by High Performance Liquid Chromatography/
TandemMass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
5F-AB-001	1.0 ng/mL	5F-PB-22	0.10 ng/mL
5F-APICA	1.0 ng/mL	AM-2201	0.10 ng/mL
5F-APINACA (5F-AKB-48)	2.0 ng/mL	APICA	0.20 ng/mL
5F-MN-18	0.10 ng/mL	APINACA (AKB-48)	1.0 ng/mL



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Workorder 15248484
Chain 15248484
Patient ID 15-2180

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Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
BB-22	0.10 ng/mL	MDMB-CHMINACA	0.10 ng/mL
FUB-AKB-48	0.20 ng/mL	MN-18	0.10 ng/mL
FUB-PB-22	0.10 ng/mL	MN-25	0.10 ng/mL
FUBIMINA	0.10 ng/mL	PB-22	0.10 ng/mL
JWH-018	0.10 ng/mL	THJ-018	0.10 ng/mL
JWH-081	0.10 ng/mL	THJ-2201	0.10 ng/mL
JWH-122	0.10 ng/mL	UR-144	0.20 ng/mL
JWH-210	0.20 ng/mL	XLR-11	0.20 ng/mL

-Analysis by High Performance Liquid Chromatography/
Tandem Mass Spectrometry (LC-MS/MS) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
5F-ADB-PINACA	1.0 ng/mL	ADB-CHMINACA	0.10 ng/mL
5F-ADBICA	1.0 ng/mL	ADB-FUBINACA	1.0 ng/mL
AB-CHMINACA	1.0 ng/mL	ADB-PINACA	0.20 ng/mL
AB-FUBINACA	1.0 ng/mL	ADBICA	1.0 ng/mL
AB-PINACA	0.20 ng/mL		

CASE WORKSHEET		M.E. CASE #: M-15-003458			
NAME OF DECEDENT: Ocasio, Mario		Age 51 Years	Race Hispanic	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	<input checked="" type="checkbox"/> AUTOPSY <input type="checkbox"/> NO AUTOPSY (Exam) <input type="checkbox"/> PURSUANT TO LAW 915 <input type="checkbox"/> AM <input type="checkbox"/> PM
MEDICAL EXAMINER DR. Hayes, John		DATE 06/09/2015		TIME	

PART I: DEATH WAS CAUSED BY:	
<input type="checkbox"/> Pending Further Studies a. Immediate cause b. Due to or as a consequence of c. Due to or as a consequence of	
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in part 1:	
d.	
MANNER OF DEATH: <input type="checkbox"/> PENDING STUDIES <input type="checkbox"/> NATURAL <input type="checkbox"/> THERAPEUTIC COMPLICATION <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED	

PLACE OF DEATH: (Name of hospital, facility or street address) Allen Pavilion, 5141 Broadway, New York, NY 10034, United States		Any Hospice care in last 30 days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	TYPE OF PLACE: <input type="checkbox"/> Hospital In-patient <input type="checkbox"/> Hospital ED / outpatient <input checked="" type="checkbox"/> Hosp DOA <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Nursing home/long term care <input type="checkbox"/> Hospice facility <input type="checkbox"/> Decedent's residence
DATE AND HOUR OF DEATH: 06/08/2015 9:50 AM				

INJURY: Date Time: AM PM	AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF PLACE: (Home, Street, etc.)
LOCATION:		
HOW INJURY OCCURRED:		
IF TRANSPORTATION INJURY: <input type="checkbox"/> DRIVER/OPERATOR <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PASSENGER <input type="checkbox"/> OTHER, SPECIFY _____		

IF FEMALE:		If within one year of death, outcome of pregnancy <input type="checkbox"/> Live birth <input type="checkbox"/> Spontaneous termination <input type="checkbox"/> Induced termination <input type="checkbox"/> None	Date of outcome mm/dd/yyyy / /
<input type="checkbox"/> Not pregnant within one year of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant at time of death, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant at time of death, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within one year of death			

Did tobacco use contribute to death? <input type="checkbox"/> Yes No <input type="checkbox"/> Probably <input type="checkbox"/> Unk.		For infant under 1 year: Name and address of hospital or other place of birth
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NAME OF DECEDENT: Ocasio, MarioM.E. CASE #: M-15-003458MEDICAL EXAMINER: DR. Hayes, JohnDATE OF DEATH: 06/08/2015 HOMICIDE PRISONER MVA (Driver/Operator) OTHER RUSHTODAY'S DATE: 06/09/2015

COMPONENTS OF MEDICOLEGAL CASE RECORD NEEDED				FOR CERTIFICATION	FOR FILE COMPLETION
TOXICOLOGY REPORT					
HISTOLOGY SLIDES					
NEUROPATHOLOGY OR CARDIAC PATHOLOGY					
REPORT(S): <input type="checkbox"/> POLICE <input type="checkbox"/> FIRE MARSHAL <input type="checkbox"/> MJI					
CULTURES: <input type="checkbox"/> BLOOD <input type="checkbox"/> TB <input type="checkbox"/> OTHER: _____					
CONSULTANTS <input type="checkbox"/> ANTHRO <input type="checkbox"/> RADIOLOGY <input type="checkbox"/> OTHER: _____					
HOSPITAL OR MEDICAL RECORDS					
INFANT DEATH SCENE INVESTIGATION					
OTHER: _____					

For Pediatric Cases: Is there suspicion of abuse at this time? YES NO

If yes, Call 1 (800) 635-1522

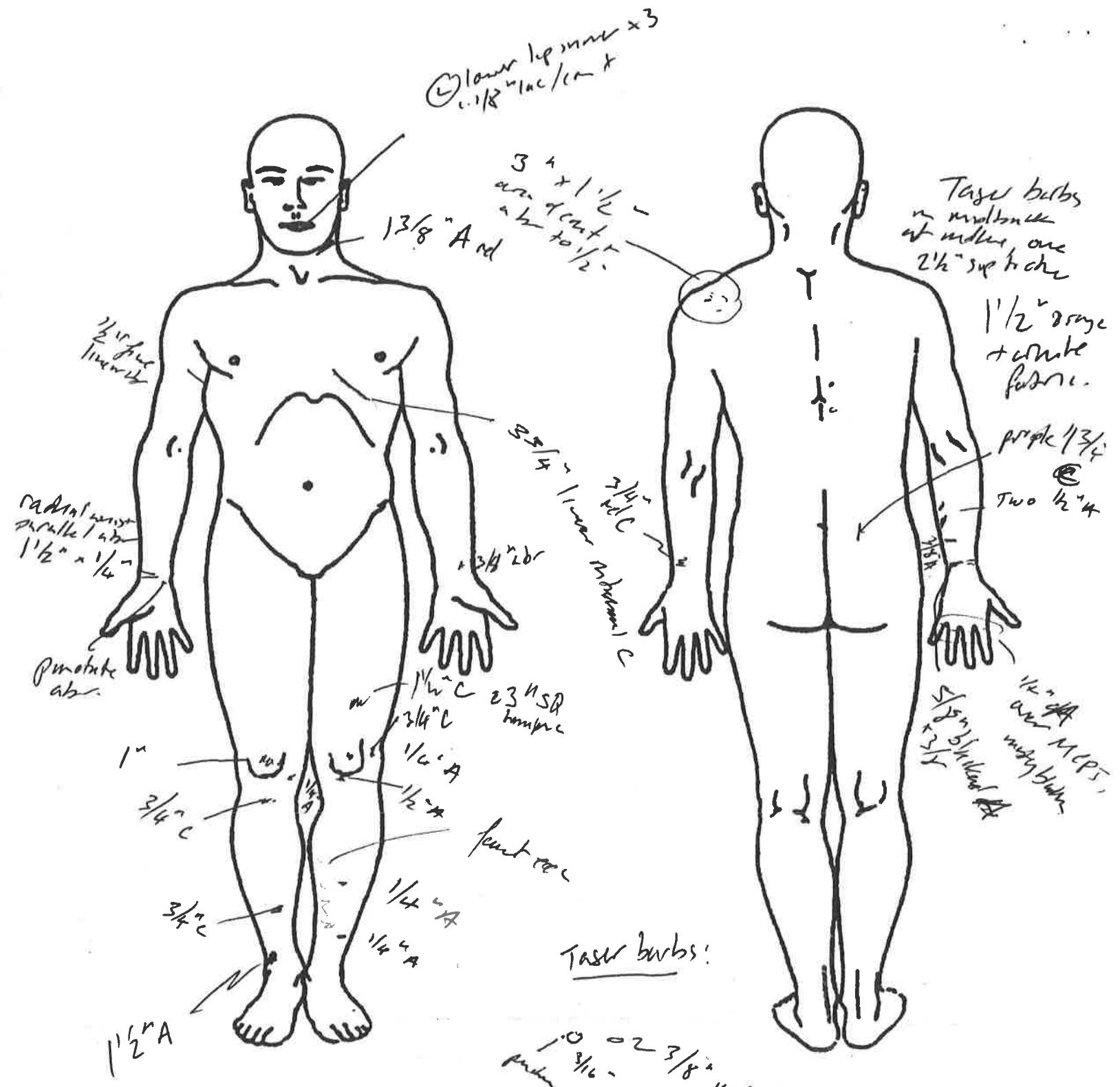
AUTOPSY INVENTORY

CONSULT SERVICE	<input type="checkbox"/> BRAIN <input type="checkbox"/> HEART <input type="checkbox"/> ANTHRO	X-RAYS: <input type="checkbox"/> YES <i>(initials)</i> <input checked="" type="checkbox"/> NO	PHOTOS: <input type="checkbox"/> YES <i>(initials)</i> <input checked="" type="checkbox"/> NO		
HISTOLOGY:	STOCK JAR(S): <i>1 2 3 4</i>	BOTTLE(S) REQUESTING SLIDES: <input type="checkbox"/> YES <i>(initials)</i> <input type="checkbox"/> NO <i>1 2 3 gen Y and D & S</i>	OTHER STUDIES:		
MICROBIOLOGY	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	SPECIMEN SOURCE	OTHER STUDIES:		
EVIDENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CLOTHING <input type="checkbox"/> BALLISTICS X <u>(#)</u>	<input type="checkbox"/> PERSONAL PROPERTY	OTHER: <i>Two (2) Taser probes</i>		
FBIO	<input type="checkbox"/> BLOOD <input type="checkbox"/> HAIR SCALP-PUBIC	<input type="checkbox"/> SWABS <input type="checkbox"/> RNA LATER O-A-V	<input type="checkbox"/> BONE <input type="checkbox"/> FINGERNAILS	<input type="checkbox"/> OTHER	
FBIO SEXUAL ASSAULT KIT	ORAL SWABS/SMEAR DRIED SECRETIONS AND/OR BITE MARKS PERIANAL AND ANAL SWABS AND SMEAR	BUCCAL SPECIMEN FINGERNAIL SCRAPINGS/CLIPPINGS VULVAR OR PENILE SWABS AND SMEAR	TRACE EVIDENCE PULLED HEAD HAIRS VAGINAL SWABS AND SMEAR	CLOTHING/UNDERWEAR PUBIC HAIR COMBINGS CERVICAL SWABS AND SMEAR	DEBRIS PULLED PUBIC HAIRS OTHER

SIGNATURE: *J*Hayes, John

CONFIDENTIAL MATERIALS

DEF00825



NAME or RECIPIENT: Ocasio, Mario

EXAMINED BY: Hayes, John

M.E. # M-15-003458

DATE: 6/9/15



NYC
**Office of Chief
Medical Examiner**

**DEPARTMENT OF HEALTH AND MENTAL
HYGIENE**

OFFICE OF CHIEF MEDICAL EXAMINER
520 First Avenue, New York, NY 10023
Official Website: www.nyc.gov/ocme

Barbara A. Sampson, M.D.-Ph.D.
Acting Chief Medical Examiner

Benjamin J. Fligura, PhD
Director of Identification
Telephone: 212-447-2770 Fax: 212-447-4339
Email: bfigura@ocme.nyc.gov

Case No. M-15-003458

I, Carmen Ocasio, residing at: 5524 Golden Gate Boulevard, Polk City, FL 33868, Phone:(484) 721-5143

Documented By :Driver's License

State that:

I am the Sister of the person whose body was removed to the Office of Chief Medical Examiner from 5141 Broadway, New York, NY 10034 on 06/08/2015, that I have seen the photo of the said deceased, and believe that the body recorded at said office as:

Ocasio, Mario of

2375 SOUTHERN BOU, BRONX, NY, #3F, Bronx, NY 10468

Of Age: 51 Years Race: Hispanic Sex: Male

Is:

Ocasio, Mario

2263 Loring Place, #3, (Cross Street: Loring Place North), Bronx, NY 10468

Of Age: 51 Years Race: Hispanic Sex: Male

Signed:

A handwritten signature in black ink that reads "Carmen Ocasio".

on this 11 day of June, 2015

Identified to Amaryllis Spearman at Office Of Chief Medical Examiner, 520 First Avenue, New York, New York 10016

OFFICE OF CHIEF MEDICAL EXAMINER

CITY OF NEW YORK

M.E. # M 115 13458

Name of deceased: Mario Ocasio

Address: 2263 Loring Place
Bronx N.Y. 10468

Date and place of birth: 12/16/1963

Closest known family member name: Carmen J. Ocasio, Adela Pagan

Address: 5524 Golden Gate Blvd, 1591 E 172nd St.

Cell Polk City Fl. 33868 Bronx N.Y. 10472

Telephone: (718) 721-5143 Cell Phone: ()

Did the deceased live with another person? No If yes:

Name: _____ Relationship: _____

Address: _____

Telephone: () Cell Phone: ()

To your knowledge did the deceased have any of these following conditions:

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Cancer	<input type="checkbox"/> Pregnant in the last year
<input type="checkbox"/> Heart problems	<input type="checkbox"/> HIV infection	If yes, the outcome was:
<input type="checkbox"/> Diabetes	<input type="checkbox"/> AIDS	<input type="checkbox"/> Live birth
<input type="checkbox"/> Seizures	<input type="checkbox"/> Hepatitis (liver)	<input type="checkbox"/> Induced termination
<input type="checkbox"/> Lung problems	<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Spontaneous termination
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> None
<input type="checkbox"/> Tobacco use	<input type="checkbox"/> Psychiatric illness	Date of outcome: _____
<input type="checkbox"/> Brain infection/disease	<input type="checkbox"/> Methadone treatment: if yes, where: _____	
<input type="checkbox"/> Radiation Treatment	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Recent hospitalizations or travel: If yes, where and when: _____		
<input type="checkbox"/> Dentist (name/address) _____		
<input checked="" type="checkbox"/> Tattoos or scars (e.g., old surgery), describe: <u>Chest on left side</u>		

If the deceased was treated for any of the above conditions, please describe the conditions and list the doctor's name/telephone, hospital, clinic, and dates of treatment:

Carmen J. Ocasio
Signature

CONFIDENTIAL MATERIALS _____

Sister

Relationship

6/11/15
Date

C. LUNING, MLI

CASE REPORT

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NYC
Office of Chief
Medical Examiner

Barbara Sampson, MD
Chief Medical Examiner

Cheryl Luning, PA-C, MLI
Medico-legal Investigator 1
Medico-Legal Investigations
520 First Avenue, New York, NY 10016
Telephone: (212) 447-2731 Fax: (646) 500-6524
E-mail: Chluning@ocme.nyc.gov
Official website: <http://www.nyc.gov/ocme>

SUPPLEMENTAL CASE INFORMATION

NAME OF DECEDEDENT/ DOB: Ocasio, Mario (12/2/1963)

M.E.#: M-15-003458

SUPPLEMENT INFORMATION DATE: June 8, 2015

TIME: 11:30

INFORMATION SOURCE: Dr. Edwin Naamon from Allen Pavilion E.R.

PLACE OF DEATH: 5141 Broadway, NY NY 10034

TEL: 212-932-4245

CONTACT VIA: TELEPHONE PERSONAL INTERVIEW CORRESPONDENCE

CONTACT INITIATED BY: INFORMANT UNDERSIGNED

This is a 51 y/o male with PMHx: Asthma, HIV (unknown etiology) and Marijuana use who was pronounced dead on June 8, 2015 at 9:50.

ALL of following Information was given to me by Dr. Naamon (And he got this information from EMS and the decedent's wife): The decedent was at home with his common-law wife this morning when he told her he was "going out to get something." The wife thinks he went to get crack/cocaine. He returned a short while later and was strange. He was "agitated and threatening her." He picked up a pair of scissors and came towards her, so she picked up her baby, ran into the bedroom and locked the door. She then called 911. NYPD was first on the scene, and they were struggling trying to subdue him. NYPD used a taser and then were able to handcuff him (hands behind the back). At this point, BLS team arrived and took his vitals (125/70, 97 O2 sat, RR 18- There was no HR or temp recorded). They needed to get him down the 3 flights of stairs safely (there is no elevator), but since he was still agitated and handcuffed, they defaulted to the NYPD to help. In these instances (he said) NYPD uses a sort of ESU team to help, however they were taking too long to respond to the scene. ACLS crew then arrived and since ESU was not there yet, they made the decision to sedate the decedent and carry him down the 3 flights in a scoop stretcher. 10mg of Versed was given IM. At the landing for each flight, the Paramedics stopped and took his vitals (which were all WNL). He was placed in the ambulance and before they started driving away, he was noticed to be apneic and pulseless. ACLS protocol was initiated and he was intubated. Narcan 2mg was given with no response. ACLS was performed for about 20 minutes while en route to the E.R. He went into V. Tach and was shocked twice while in the ambulance. Once in the E.R. he was again in PEA. ACLS continued for another 30 minutes, however ROSC was never obtained. During this time an ABG was performed and it showed pH 6.9 with Bicarb 18. Bedside echo showed NO cardiac activity and he was pronounced at 9:50.

C. LUNING, MLI

CASE REPORT

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External exam is significant for: 2 taser darts still in his back (one around T 8 or T 9, and other one around L 4); marks on bilateral wrists (presumably from the handcuffs); abrasions to Left lower leg and right ankle area; abrasion on left hand. NO official labs or imaging were performed. NO tox was done.

Decedent's NOK is his wife Ms. Lloyd. Reporting physician did not have her contact info.

The call location was 2263 Loring Place North, Apt 3 F, Bronx NY 10468. 52nd PCT responded. Squad Detectives and Homicide detectives were already at the hospital while the case was being reported to me. Detective Mazzella is catching the case. I spoke with him very briefly but he said he would call me back when he gets more info.

Tour Commander Cavalli, Dr. Slone and Julie Bolcer are aware of this case.

DISPOSITION- ME CASE

MLI Cheryl Luning PA-C

Printed Name

Signature



DATE: 06/09/2015

DOCTOR: Dr. Hayes

ME#: M15-3458

FROM: Det. R. BOURNE; MISSING PERSONS SQUAD, MU
TO: OFFICE OF CHIEF MEDICAL EXAMINER

DECEASED: Ocasio, Mario M/H/51 **ADDRESS:** 2263 Loring Place North Bx, NY
Apt#3F

DATE & TIME OF OCCURRENCE: 06/08/2015 Approx. 0812hrs.

PLACE OF OCCURRENCE: I/O 2263 Loring Place North

TYPE OF PLACE: Residential

"The following information has been obtained from preliminary investigative documents. The documents have not been finalized by the case officer or approved by a superior officer assigned to the New York City Police Department. Therefore, the information being provided is subject to change."

DETAILS: ATPO the decedent is believed to use an unknown drug. He came home and started to act irrational; threatening his girlfriend, his nephew and nephews' child. The girlfriend, nephew and child locked themselves in the bedroom and called 911. NYPD arrived and a violent struggle ensued with the decedent. The NYPD order the decedent to stop resisting numerous times. He was then tasered and restrained by Police. He was transported to the hospital where he was pronounced dead.

61# 5485 Aided# CIS/ACCIDENT# Precinct: 052 Case# 1252

Type of Vehicle:

Position of Decedent:

Witness Info. & Number:

DET. ASSIGNED & COMMAND #: Det. Mazzella 52Sqd. 718-220-5830

INFORMATION RECEIVED FROM: Det. Mazzella 52Sqd. 718-220-5830



DEPARTMENT OF HEALTH AND MENTAL
OFFICE OF CHIEF MEDICAL EXAMINER
520 First Avenue, New York, New York 10016

Vincent Ruggiero
Deputy Director of Mortuary Services
Office of Chief Medical Examiner
520 First Avenue New York, N.Y. 10016
Tel: 212-447-2049 Fax: 212-447-2703/212-447-6798

Mortuary Release Form

Case No: **M-15-003458**

Time of release: **14:54:19** Date of release: **06/14/2015**

I, Joseph Frison, representing the firm of R G Ortiz Funeral Home, located at 524 SOUTHERN BOULEVARD, Bronx, New York, 10455, Telephone No. (718) 585-5700, hereby certify that I have received from O.C.M.E. mortuary the body of Ocasio, Mario who died at Allen Pavilion. I have been duly authorized to receive the same by sister of decedent, Ocasio, Carmen, who resides at 5524 Golden Gate Boulevard, Polk City, Florida, 33868.

I have checked the identifying wrist band, toe tags, photo and verified that they correspond with the deceased that I have been authorized to remove.

Released By:

W. Davidson

Davidson, Wendell

(O.C.M.E Morgue Technician Releasing Body)

Released To:

J. Frison

11255

Frison, Joseph

(Funeral Director's Signature)

(License No.)



FUNERAL DIRECTOR'S STATEMENT OF AUTHORITY

This statement is made for the purpose of inducing the hospital or health care facility to release the death certificate and/or the remains of the deceased below-named and with the knowledge that the hospital or health care facility will rely on the truth of the statements made herein.

ME: MANHATTAN

CASE #: 3458

THE CITY OF NEW YORK
DEPARTMENT OF HOSPITALS

No death certificate and/or body will be released by the hospital to a funeral director until a copy of this form, properly executed, is on file.

IT IS HEREBY CERTIFIED THAT THE UNDERSIGNED HAS BEEN AUTHORIZED TO TAKE CHARGE OF:

The remains of: (Name of deceased)	who died at:	on: (date)
MARIO OCASIO	ALLEN HOSPITAL	6/8/15
by: (Name of person granting authority)	whose address is:	and who is the: (relationship)
CARMEN J. OCASIO	5524 GOLDEN GATE BLVD. POLY CITY FL 33868	SISTER
Remains to be removed from: (Name of hospital, health care facility or mortuary)	to: (Name of residence, funeral chapel or cemetery)	at: (address)
R.G. ORTIZ FUNERAL HOME INC.	524 SOUTHERN BLVD., BRONX, NY	

THIS AUTHORIZATION HAS NOT BEEN THE RESULT OF ANY SOLICITATION BY OR IN BEHALF OF THE UNDERSIGNED

Signature: (Funeral Director)

New York State Funeral
Director's Lic. No.

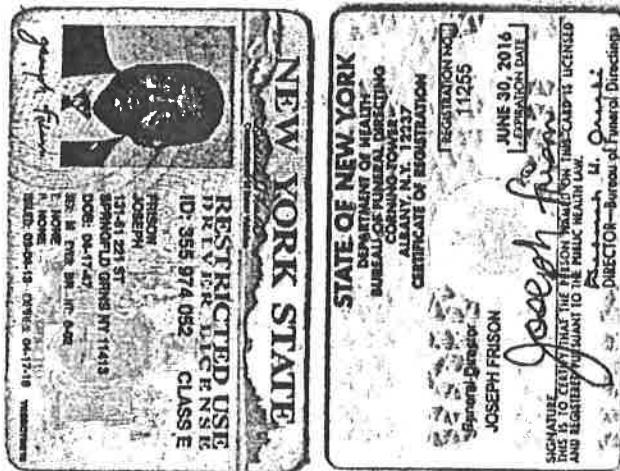
11255

Representing the firm of:

R.G. ORTIZ FUNERAL HOME INC.

Address of firm

524 SOUTHERN BLVD., BRONX, NEW YORK



DAILY CASE TRIAGE CHECKLIST

Case # **m-15 3458**



€ Claim Case

- ME cases are to be reviewed when the DC is completed or within 3 days, whichever comes first
- Claim cases are to be reviewed daily and within 48 hours of the date of death

Available Personal Information

Decedent Name(s):

Mario Ocasio

DOD:

6-8-2015

DOB(s):

12-2-1963

SSN(s):

Address:

5141 Broadway, New York 10034

Other:

NOK/informant contact information

NOK/ Other Name(s):

Relationship to decedent:

Address:

Telephone number(s):

<input type="checkbox"/> No NOK information available (Unknown)	Date: _____ Initials: _____
<input checked="" type="checkbox"/> Identification done by fingerprints on (date): _____	Date: 6/15 Initials: SD
<input type="checkbox"/> Identification done at scene, information of informant above	Date: _____ Initials: _____
<input type="checkbox"/> NOK Information available, but they have not been contacted.	Date: _____ Initials: _____
<input type="checkbox"/> NOK has been located and making funeral arrangements	Date: _____ Initials: _____
<input type="checkbox"/> NOK has been located and making funeral arrangements, within 30 days	Date: _____ Initials: _____
Funeral home info: _____	Telephone: _____
<input type="checkbox"/> NOK located and requesting City Burial (list name above)	Date: _____ Initials: _____
<input type="checkbox"/> NOK has been located and declines to claim (list name above)	Date: _____ Initials: _____
<input type="checkbox"/> NOK has been located, but has not made a decision about final disposition	Date: _____ Initials: _____

Notes: _____

Triage Options	Complete
MOVA <input type="checkbox"/> NA	Date: _____ Initials: _____
<input type="checkbox"/> Uploaded to CMS	
PA <input type="checkbox"/> NA	Date: _____ Initials: _____
<input type="checkbox"/> Uploaded to CMS	
Pre-Plan Chk <input type="checkbox"/> NA	Date: _____ Initials: _____
<input type="checkbox"/> Uploaded to CMS	
CoOperative Chk <input type="checkbox"/> NA	Date: _____ Initials: _____
<input type="checkbox"/> Uploaded to CMS	
Fingerprints requested in CMS	Date: _____ Initials: _____

If a VET refer to MOVA. (If appropriate, based on available personal information. This document is to be retained in CMS.)

If no NOK refer to PA. (If appropriate, based on available personal information. This document is to be retained in CMS.)

OCME STAFF MEMBER:

Print Name: **Sandra Jackson**

Sign: **Sandra Jackson**

Title: _____

Date: _____

**CATT
6/16/2015**



Case Notes

Office of Chief Medical Examiner, New York City



Case No: M-15-003458 Decedent: Ocasio, Mario

Report Date: 06/08/2015 Report Time: 10:48

Borough: Manhattan

Note Type: ME Supplemental Note **Department:** Pathology **Date/Time:** 12/01/2015 12:06 **Entered By:** John Hayes

Notes: After first classifying the death in early September, then returning it to pending status while I looked into material supplied by Mr. Burns, I certified the death as an accident on 11/19.

Mr. Burns then indicated that there would be further video of the incident forthcoming. Accordingly, I delayed releasing the final DC and the autopsy report, as he indicated that it would be released imminently, first on the 23rd, and when the police apparently failed to provide a response, on the 30th of November. On the 30th, four CD's of material were recovered from the phone by NYPD and handed over. Per Sergeant Flynn of IAB, there is only a 3 second video clip among them, apparently accidental footage of someone in an office setting - unrelated to the incident at hand. Accordingly, I shall now release the autopsy report to the case file, and inform OCME Public Affairs, Mr. Burns and Sgt. Flynn of my opinion. Should further video surface, I will review it and take it into consideration.

Note Type: Status Management **Department:** Pathology **Date/Time:** 11/19/2015 16:05 **Entered By:** Edrs Service

Notes: 17684114_UPDATE_20151119_160444.pdf

Note Type: Status Management **Department:** Pathology **Date/Time:** 11/19/2015 16:05 **Entered By:** Cms System

Notes: AMENDED DC

Note Type: ME Supplemental Note **Department:** Pathology **Date/Time:** 11/19/2015 14:22 **Entered By:** John Hayes

Notes: Spoke with Mr. Burns again. I explained that I had reviewed statements made by the responding police, FD and EMS workers, and found them all consistent, both with each other, and with what I observed in Mr. Ocasio's body. I noted that I'd listened and read the statements he'd provided me from the three civilian witnesses, as well as their statements to the police. On the basis of all that, I explained, it was my opinion that Mr. Ocasio had died as the result of excited delirium during acute synthetic cannabinoid intoxication, with his hypertensive heart disease and his chronic substance abuse contributory factors.

Mr. Burns said that a judge had just issued an order for NYPD to release the cellphone video; I informed Mr. Burns it was my understanding that there WAS no cellphone video, and that if any such video surfaced, I would view it, and reconsider my opinion should it provide any more light on the situation. Mr. Burns is dissatisfied with my position; I told him we would speak on Monday.

I have uploaded to CMS the statements supplied to me by Sgt Flynn of IAB (718-482-6769).

Note Type: Status Management **Department:** Pathology **Date/Time:** 11/19/2015 12:24 **Entered By:** Cms System

Notes: AMENDED DC

Note Type: Status Management **Department:** Pathology **Date/Time:** 11/19/2015 12:19 **Entered By:** Cms System

Notes: DC Amendment/Correction Started

Note Type: Status Management **Department:** RRU **Date/Time:** 10/20/2015 18:55 **Entered By:** Raquel Cimino

Notes: Request No: 1505425(Lawyers)

Note Type: Status Management **Department:** RRU **Date/Time:** 10/09/2015 15:42 **Entered By:** Angela Constante

Notes: Request No: 1505198(Lawyers)

Note Type: Status Management **Department:** Pathology **Date/Time:** 09/08/2015 14:35 **Entered By:** Edrs Service

Notes: 17684114_UPDATE_20150908_143217.pdf

Note Type: Status Management **Department:** Pathology **Date/Time:** 09/08/2015 14:35 **Entered By:** Cms System

Notes: AMENDED DC

Note Type: Status Management **Department:** Pathology **Date/Time:** 09/08/2015 12:18 **Entered By:** Cms System

Notes: AMENDED DC

Note Type: Status Management **Department:** Pathology **Date/Time:** 09/08/2015 12:14 **Entered By:** Cms System

Notes: DC Amendment/Correction Started

Note Type: ME Supplemental Note **Department:** Pathology **Date/Time:** 09/08/2015 12:04 **Entered By:** John Hayes



Case Notes

Office of Chief Medical Examiner, New York City



Case No: M-15-003458 Decedent: Ocasio, Mario

Report Date: 06/08/2015 Report Time: 10:48

Borough: Manhattan

Notes: I spoke twice with decedent's family's attorney, Israel Adam Burns (3478340902). I explained to him that I had certified the death as a combination of synthetic cannabinoid intoxication and heart disease, and made the manner of death accidental. He feels strongly that the Taser event should've contributed to death. He says he has eyewitness reports that the decedent was unresponsive immediately after being Tasered, he doubts that vital signs were checked in the narrow stairwell, he claims the body was covered by a sheet until they reached the ambulance, when they started doing CPR. I told him I would return the case status to Pending, review any eyewitness statements he has, and make a final determination.

I spoke to ADA James Brennan in the Bronx (718-838-6145) and initially informed him that I had classified the death, but then called back to tell him that I was returning it to Pending status until I'd reviewed the additional materials. I asked him not to make any public statements about the certification until I'd had time to see what else Mr. Burns has to show me.

Note Type: Status Management **Department:** Pathology **Date/Time:** 09/08/2015 09:05 **Entered By:** Edrs Service

Notes: 17684114_UPDATE_20150908_090056.pdf

Note Type: Status Management **Department:** Pathology **Date/Time:** 09/08/2015 09:05 **Entered By:** Cms System

Notes: AMENDED DC

Note Type: Status Management **Department:** Pathology **Date/Time:** 09/07/2015 23:21 **Entered By:** Cms System

Notes: AMENDED DC

Note Type: Status Management **Department:** Pathology **Date/Time:** 09/07/2015 23:19 **Entered By:** Cms System

Notes: DC Amendment/Correction Started

Note Type: Status Management **Department:** RRU **Date/Time:** 06/24/2015 10:29 **Entered By:** Raquel Cimino

Notes: Request No: 1503253()

Note Type: Status Management **Department:** RRU **Date/Time:** 06/22/2015 16:35 **Entered By:** Angela Constante

Notes: Request No: 1503164(Family)

Note Type: Status Management **Department:** Pathology **Date/Time:** 06/15/2015 09:35 **Entered By:** Edrs Service

Notes: 17684114_UPDATE_20150615_093430.pdf

Note Type: Status Management **Department:** Pathology **Date/Time:** 06/15/2015 09:35 **Entered By:** Edrs Service

Notes: NEW DC

Note Type: FQS Timeout Note **Department:** Quality Assurance **Date/Time:** 06/14/2015 15:05 **Entered By:** Kimberly McCraw

Notes: Timeout complete. Documentation, photos, tags, and decedent were checked. Can't read ME number in check in photo 002. Release authorized. KMcCraw

Note Type: ME Supplemental Note **Department:** Pathology **Date/Time:** 06/12/2015 12:24 **Entered By:** John Hayes

Notes: I have spoken twice with the lawyer representing the decedent's family, Israel Burns (3478340902). I have explained that I am unable to discuss the case at this time because the matter is under active investigation, but that when a final disposition has been made, he will be entitled to copies of my report, and that at that time I will be happy to sit down with him and discuss my findings.

Note Type: Incoming Call **Department:** Identifications **Date/Time:** 06/11/2015 10:58 **Entered By:** Aden Naka

Notes: Call received from a Mr. Israel Burns (347-834-0902), stating he is calling on behalf of the decedent's family, including his mother. He advised that the decedent's mother, Adal Pagan (no TX available) will be coming to the Manhattan OCME office on the afternoon of 6/11/2015 to perform visual ID. Family are reportedly aware that a fingerprint ID was confirmed but wish to perform visual ID as well. They are reportedly making funeral arrangements, but may need some time to do so (they will reportedly do so within 30 days).

Note Type: Status Management **Department:** Pathology **Date/Time:** 06/10/2015 11:58 **Entered By:** John Hayes

Notes: NEW DC

Note Type: Status Management **Department:** Identifications **Date/Time:** 06/10/2015 11:41 **Entered By:** John Hayes

Notes: ID confirmed with the information provided by Informant: DCJS, DCJS

Note Type: Status Management **Department:** Pathology **Date/Time:** 06/09/2015 16:42 **Entered By:** Laura Jackson

Notes: Exam: AutopsyExam Completed By: John Hayes

Note Type: Status Management **Department:** Mortuary **Date/Time:** 06/09/2015 14:40 **Entered By:** Brittany Jordan



Case Notes

Office of Chief Medical Examiner, New York City



Case No: M-15-003458 Decedent: Ocasio, Mario

Report Date: 06/08/2015 Report Time: 10:48

Borough: Manhattan

Notes: From: 520#47;Freezer B#47;Slot 214

To:520#47;Freezer A#47;Slot 112

Note Type: Status Management **Department:** Fingerprints **Date/Time:** 06/09/2015 09:54 **Entered By:** Fingerprint Service

Notes: Finger Print Response from DCJS – Hit. NYSID : 04432615R

Note Type: Status Management **Department:** Fingerprints **Date/Time:** 06/09/2015 09:54 **Entered By:** Fingerprint Service

Notes: FingerPrint RAP Sheet Processed. TransactionID: 29034499

Note Type: Status Management **Department:** Fingerprints **Date/Time:** 06/09/2015 09:39 **Entered By:** Fingerprint Service

Notes: Finger Prints Submission Acknowledged by DCJS

Note Type: Status Management **Department:** Fingerprints **Date/Time:** 06/09/2015 09:39 **Entered By:** Fingerprint Service

Notes: Finger Print submitted to DCJS. Fingerprint Acquired By : LWALKER(via Livescan). TCN: NYCME0103550

Note Type: Status Management **Department:** Fingerprints **Date/Time:** 06/09/2015 09:39 **Entered By:** Fingerprint Service

Notes: Fingerprint Acquired By : LWALKER(via Livescan)

Note Type: Status Management **Department:** X-Ray **Date/Time:** 06/09/2015 08:32 **Entered By:** Diana Ramos-Jackson

Notes: Type of X-ray: Full Body

Note Type: Status Management **Department:** Pathology **Date/Time:** 06/09/2015 08:04 **Entered By:** Zhanna Georgievskaya

Notes: Exam: Autopsy

Note Type: Status Management **Department:** Transportation **Date/Time:** 06/08/2015 20:16 **Entered By:** David Duren

Notes: Custody of Body

Note Type: Status Management **Department:** Transportation **Date/Time:** 06/08/2015 19:51 **Entered By:** David Duren

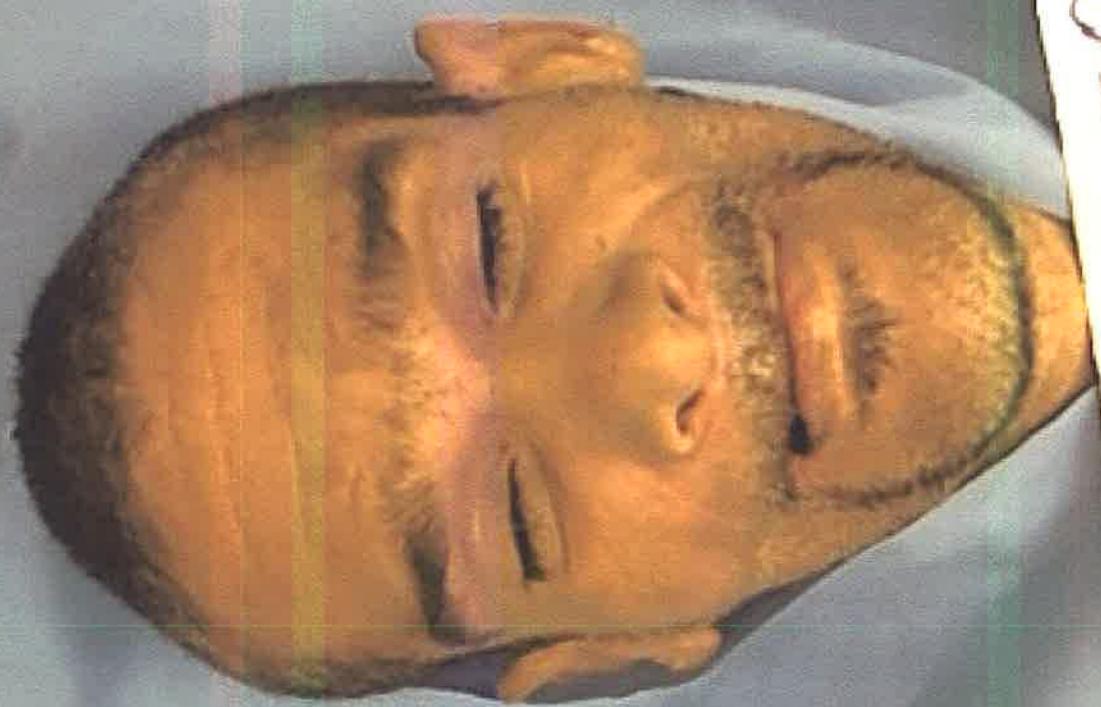
Notes: Transportation: Transportation At Scene

Note Type: Status Management **Department:** Transportation **Date/Time:** 06/08/2015 19:09 **Entered By:** David Duren

Notes: Transportation: Transportation En Route

Note Type: **Department:** Communications **Date/Time:** 06/08/2015 10:43 **Entered By:** Lena Desantiago

Notes: The deceased came to the hospital from home via EMS a/d cra pronounced in the ER nok common law wife Ms. Lloyd number unknown



M-15-3458